



SUBJECT

Ambulance Calls and Arrests Taken to Hospitals

AMENDS

REFERENCE

P.I. - Bonding General Ordinance Violations and Traffic Violations
P.I. - The Handling of Persons Suffering from a Mental Disorder
P.I. - GOSs, Municipal Court Subpoenas, and Municipal Warrant Booking Record

RESCINDS

Procedural Instruction 95-4, 95-4A
Patrol Bureau Memorandum 93-6

I. PURPOSE

To establish responsibility and provide procedures for handling sick or injured persons, including arrests.

II. POLICY

A. Officers at the scene of incidents requiring an ambulance may, when possible and appropriate, perform necessary first aid until relieved by appropriate medical personnel. Officers will:

- * 1. Treat all blood and body fluids as potential hazards. The use of barrier protection and/or ventilation devices are approved precautions for disease avoidance. Refer to the procedural instruction entitled, "Physical Health Protection" for more detailed instructions relating to contact with hazardous fluid/substances.
- * 2. Report all known and reasonably suspected on-duty exposures to communicable diseases in accordance with the personnel policy entitled, "On-Duty Exposure to Communicable Diseases."
- 3. When relieved, direct their efforts toward department duties and public safety, i.e., arrests, traffic flow, pedestrian and crowd control, etc., and will not become involved in the treatment, care, or transportation of the ill or injured person(s) unless requested by the paramedic.

B. In situations which tend to attract unruly crowds, it may become unsafe for the paramedics to continue treatment at the scene. In these situations, a police supervisor or commander may request the paramedics evacuate the area with their patient.

C. Officers will procure transportation for a sick or injured person when requested or appropriate.

- * 1. If the person is unconscious or otherwise judged to be critical, the paramedic will determine which hospital the person will be taken (whether or not that person is under arrest).

- * 2. If the person is not under arrest, is conscious, and is judged not to be critical by the paramedic, the hospital of the person's choice should be used.
- * 3. If the person is not under arrest and refuses to be transported to a hospital, officers will not force that person to be transported unless the officer, in the exercise of his or her discretion, has reason to believe that lack of immediate medical attention will result in serious physical injury or death to the person. The decision of the officer to require medical attention be given to the individual may be based on the officer's own observations of the injured person and may consider recommendations by ambulance or medical personnel.

NOTE: Consent to medical treatment - For the purposes of consent to hospitalization or medical, surgical or other treatment or procedures, a 'minor' is defined as any person under eighteen years of age and an 'adult' is defined as any person 18 years of age or older. A parent or legal guardian's authorization is required for an minor to refuse treatment.

- 4. If the sick or injured person is under arrest with a police hold, the arresting officer will request the person be taken to a hospital within the department's jurisdiction for completion of the investigation. Officers will also request the paramedic inform hospital staff a police hold has been placed on the subject. Paramedics or hospital staff are under no obligation to restrain or detain the subject.

III. PROCEDURES

- A. Officers requesting an ambulance will advise the dispatcher the nature of the emergency, e.g., fall, vehicular, shooting, etc., and the number of victims.
- B. When an officer arrives at an incident where an ambulance has been ordered but is not needed, the officer will immediately advise the dispatcher to cancel the ambulance.
- C. Uniform Traffic Ticket (UTT), General Ordinance Summons (GOS), and Municipal Warrant Arrests:
 - 1. Issuing a citation requires that the violator be aware of the citation and his obligation to answer to the Municipal Court.

2. **An officer will not issue a UTT or GOS to a violator who:**
 - a. **Is unconscious, or incoherent,**
 - b. **Has been removed to a location outside the State of Missouri,**
 - c. **Is so seriously injured that issuing a citation would impede medical attention.**
3. **Warrant Application - In the above mentioned circumstances, the officer will complete and retain all copies of the UTT/GOS, reports, and applicable subpoenas (the violator's signature is not required). Court dates will not be entered on UTTs, GOSs, or subpoenas. The officer will respond to the division station with the completed UTT/GOS and subpoenas to apply for warrant(s).**
4. **An officer may issue a UTT or GOS to a conscious/coherent violator who has been removed to a hospital (located in the State of Missouri) providing the violator is charged with a violation not requiring bond. Refer to current directive entitled, "Bonding General Ordinance Violations and Traffic Violations."**
5. **Priority Release of Arrestees - Persons in custody for a charge on a GOS/UTT or municipal warrants may be priority released (upon signature), when psychological/medical care is requested or required. When priority releasing an arrest, officers will follow the procedure outlined in the Procedural Instruction titled, "General Ordinance Summons, Municipal Court Subpoena, and Municipal Warrant Booking Record."**

D. State Statute Arrests and State Warrant Arrestees

Upon arrival at the hospital, the arresting officer will contact the attending physician to determine if the arrestee will be treated and released or admitted to the hospital.

1. **Treated and Released - If the arrestee is to be treated and released, the arresting officer will maintain security of the arrestee and, upon release will follow the procedures established for booking of State Statute/Warrant arrests.**
2. **Admitted to the Hospital - If the arrestee is to be admitted to the hospital and the investigative element determines the arrestee will be booked for a state charge, the arresting officer will:**
 - a. **Inform the hospital that a police hold has been placed on the subject.**

- b. **Contact their immediate supervisor to arrange for security of the arrestee. The arrestee will become the responsibility of the patrol bureau division that initiated the arrest. Extended security of the arrestee will be coordinated through the Patrol Bureau and, when applicable, the Investigations Bureau,**
- c. **After being relieved from security of the arrestee, complete applicable reports and respond to the appropriate Investigative element,**
- d. **Advise the Communication Supervisor of the hospital and the arrestee's name.**

E. Refusal of Medical Treatment

- 1. **If the arresting officer believes an arrestee needs medical attention and the subject refuses, the arresting officer will attempt to persuade the arrestee to receive medical treatment. If the arrestee still refuses, the arrestee will be transported to the nearest hospital.**
- 2. **Upon arrival at the hospital, the arresting officer will contact an on-duty physician and give an appraisal of the situation.**
- 3. **If the arrestee still refuses treatment in the physician's presence, the officer will obtain the necessary information to be entered in the narrative section of the applicable report and complete a Prisoner's Injury or Illness Report, Form 8 P.D. Refusal of medical treatment information is not limited to but must include:**
 - a. **Exact nature of the victim's injuries or indicated illness and symptoms,**
 - b. **Name of hospital,**
 - c. **Date and time of refusal,**
 - d. **Physician present,**
 - e. **Disposition of the arrest.**
- 4. **After receiving information for the appropriate report, the arresting officer will transport the arrestee to the Detention Unit or the arresting officer's division station.**
- 5. **A copy of the report will be submitted to detention or station**

personnel when booking the arrestee. Division personnel will forward the copy of the report to the Detention Unit upon transfer of the arrestee.

*** F. Injured Persons Taken to Mental Health Facility.**

When there are complaints or visible signs of physical injury and the subject is in need of psychological evaluation/treatment, the following guidelines will be observed:

1. **When transportation is provided by a police vehicle:**
 - a. **If the subject resides in the East, Central, or Metro Patrol Divisions, they may be transported to Truman Medical Center (West) for treatment of the minor injury. The subject will remain in the custody of the officer.**
 - (1) **Upon release, the officer will transport the person to Western Missouri Mental Health Center (WMMHC).**
 - (2) **If the subject has a minor injury and refuses treatment, the subject will be transported to WMMHC. Prior to leaving the hospital, officers will obtain the necessary documentation indicating that the subject was transported to a hospital and refused treatment.**
 - (3) **WMMHC will accept persons who refuse treatment of a minor injury. If acceptance is denied by WMMHC staff, the officer should request the Western Missouri Mental Health Supervisor be paged for assistance. WMMHC will evaluate the person and transport to TMC (West) if necessary.**
 - b. **If the subject resides in the South Patrol Division, they may be transported to TMC (East) or TMC (West) for treatment of the minor injury. The subject will remain in the custody of the officer.**
 - (1) **Upon release, the subject will be transported to WMMHC unless pre-arrangements have been made, per doctor's orders, with Research Psychiatric Center.**
 - (2) **TMC (East) accepts some non-combative psychiatric patients. After the treatment of the minor injury, the officers should ask whether the subject will be admitted for psychological treatment.**

- c. If the subject resides in the North Patrol Division, they will be transported to North Kansas City Hospital, St. Luke's Northland Hospital, or TMC (West) for treatment of the minor injury. The subject will remain in the custody of the officer.
 - (1) Upon release from North Kansas City Hospital, the subject will be transported to North Kansas City Mental Health Center (if non-combative) or to WMMHC (if combative).
 - (2) After treatment at St. Luke's Northland Hospital, the non-combative subject can, per doctor's orders, remain in their psychiatric ward or be transported to WMMHC.
 - (3) Upon release from TMC (West), the subject will be transported to WMMHC.
- d. All combative subjects will be transferred to WMMHC after receiving treatment of minor injuries or after refusing treatment of minor injuries.

2. When the subject is transported by an ambulance:

- a. Officers will not follow an ambulance to the hospital unless requested by ambulance personnel. If requested to follow an ambulance by ambulance personnel, officers will inform the paramedic that they must remain within the city limits of Kansas City, Missouri.

NOTE: If a subject is belligerent and ambulance personnel have not requested a police escort, officers will follow the ambulance to the hospital if the subject is being transported to a hospital within the limits of Kansas City, Missouri.

- b. Absent an escort request by ambulance personnel, the appropriate report will be completed and officers will clear for service.

G. Security for Hospitalized Arrests

- 1. Upon request, Patrol Bureau personnel will provide security for state statute and state warrant arrests admitted to area hospitals.

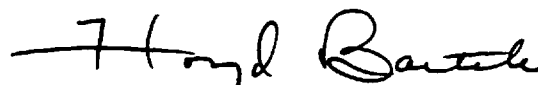
2. With the approval of the Patrol Bureau Commander, Patrol Bureau personnel will also assist outside law enforcement agencies in guarding state statute and state warrant arrests hospitalized in our jurisdiction, providing that a felony warrant has been or is being obtained for the subject's arrest.
3. Extended security for state statute or state warrant arrests beyond 72 hours will be coordinated through the Patrol Bureau Office. Under normal circumstances, South Patrol Division and North Patrol Division will not be included in the guard rotation due to manpower shortages.
4. Security of state statute, state warrant, General Ordinance Summons (GOS), Municipal Warrant Arrests, and Uniform Traffic Ticket (UTT) arrests taken to area hospitals will be the immediate responsibility of the arresting officer(s) and their supervisor(s). When relieved of guard duty, it is the responsibility of the officer being relieved to inform the relief officer of the charges against the arrestee, and any pertinent information that may effect the relief officer's guard duty. Once the exchange of arrest information is completed, the security of the arrestee will become the responsibility of the relieving officer.
5. After a one-hour period, security for state statute or state warrant arrests transported to Truman Medical Center from the Detention Unit will become the responsibility of the Patrol Bureau division that initiated the arrest.
6. When a state statute or state warrant arrestee is admitted to an area hospital, the desk sergeant of the division in which the hospital is located will be notified.
7. The desk sergeant receiving notification will:
 - a. Arrange for the immediate relief of the arresting officer.
 - b. Complete Hospitalized Prisoner Information Sheet, Form 160 P.D.
8. Officers assigned to guard state statute or state warrant arrests will:
 - a. Report to the desk sergeant 30 minutes prior to the beginning of assignment. The desk sergeant will provide a copy of the Hospitalized Prisoner Information Sheet, Form 160 P.D., for the guard officers. This form should include an explanation of the level of escape risk of the prisoner, the expectancy of an attempt to harm the prisoner from

outside persons, and/or the anticipation of a possible rescue attempt. The details of which persons may be allowed to visit the prisoner, use of T.V. by prisoner, telephone usage, the assignment of an alias to the prisoner, etc., will be covered by the desk sergeant.

- b. **Some area hospitals have available specific rooms designed to hold prisoners. If these rooms are utilized, the guard officer will be positioned inside this room to stand guard. In the case where these rooms are not available, the guard officer will be positioned in the location they can most effectively perform their function. Generally, this will be directly outside the door to a prisoner's room.**
 - (1) **Officers, with the approval of the appropriate desk sergeant, may lock themselves in the room with a prisoner if the prisoner is the only patient within the room. In these circumstances, the guard officer and nursing staff will maintain a door key.**
 - (2) **Whatever position of guard an officer assumes, they will remain alert and attentive to other persons within the area and familiarize themselves with on-duty hospital staff caring for the prisoner. Officers should be prepared to yield to hospital staff moving equipment through hallways and within the prisoner's room.**
 - (3) **Because of Miranda considerations the officer should not converse with the prisoner about details of his/her charges.**
 - (4) **The officer will remain on his/her post until properly relieved.**
- c. **When the prisoner is discharged, the guard officer will:**
 - (1) **Transport or arrange for the transfer of the prisoner to the Detention Unit.**
 - (2) **Notify the appropriate desk sergeant that the prisoner has been released from the hospital.**
 - (3) **Return the Hospitalized Prisoner Information Sheet, Form 160 P.D., to the desk sergeant.**
- d. **Request a supervisor if questions arise or if conflicts with hospital staff occur over administrative procedures.**

8. The field sergeant will:
 - a. Periodically check on officers assigned to hospital guard duty.
 - b. Ensure officers are relieved on time.
 - c. Ensure relief is available for the necessary needs of the assigned officers.
 - d. Respond to resolve conflicts with hospital staff.

9. The desk sergeant will:
 - a. Upon notification that a prisoner has been released from the hospital, notify the desk sergeants of the other divisions involved in guarding the prisoner, if any, and also any investigative unit, if appropriate.
 - b. Notify the Patrol Bureau Office that a prisoner has been released from the hospital. If the release occurs after the normal working hours of the Patrol Bureau Office, make the notification by way of an entry on the Field Services Bureau Report (F.S.B.R.)
 - c. File the Hospitalized Prisoner Information Sheet, Form 160 P.D.



Floyd O. Bartch
Chief of Police

Adopted by the Board of Police Commissioners this 26th day of May
1998.



Dr. Stacey Daniels
President

DISTRIBUTION: Law Enforcement Personnel
Civilian Supervisory Positions
Department Element Manuals
Post on all bulletin boards for two weeks.